

|  |   |                               |                  |   |  |                     |                         |
|--|---|-------------------------------|------------------|---|--|---------------------|-------------------------|
| <p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: 0.8em; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p> | <p>In re Application of Jabbour et al.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Application Number 10/511,480</td> <td style="width: 40%; border-bottom: 1px solid black;">Filed 04/10/2003</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;"> <p>For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS</p> </td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Group Art Unit 1612</td> <td style="border-bottom: 1px solid black; width: 40%;">Examiner M.L. Sznaidman</td> </tr> </table> | Application Number 10/511,480 | Filed 04/10/2003 | <p>For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS</p> |  | Group Art Unit 1612 | Examiner M.L. Sznaidman |
| Application Number 10/511,480  | Filed 04/10/2003  |                               |                  |   |  |                     |                         |
| <p>For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS</p>  |   |                               |                  |   |  |                     |                         |
| Group Art Unit 1612  | Examiner M.L. Sznaidman   |                               |                  |   |  |                     |                         |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

|  |               |
|--|---------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$ <u>130</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)          | \$ _____      |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)       | \$ _____      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)        | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)       | \$ _____      |

☐ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

|                       |                  |
|-----------------------|------------------|
| /Edwin V. Merkel/     | August 25, 2009  |
| Signature             | Date             |
| Edwin V. Merkel       | (585) 263-1128   |
| Typed or printed name | Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

|  |
|--|
| <input checked="" type="checkbox"/> Total of <u>1</u> form is submitted. |
|--|